



Missouri Pharmacy Program – Preferred Drug List



Angiotensin II Receptor Blockers & Diuretic Combinations

Effective - February 10, 2005

Revised 01/04/2006

Preferred Agents

Available Without Clinical Edits

- Micardis ®
- Micardis HCT®
- Diovan ®
- Diovan HCT®
- Cozaar®
- Hyzaar®
- Benicar ®
- Benicar HCT®

Non-Preferred Agents

Available with Clinical Edits

- Avapro®
- Avalide®
- Teveten ®
- Teveten HCT®
- Atacand ®
- Atacand HCT®

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.